



SEP 28 2005 WED 08:59 AM SALIWANCHIK, LLOYD&SALIWA FAX NO. 3523725800

P. 01

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23557 7590 09/20/2005
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Gwendolyn L. Daniels (Depositor's name)
Gwendolyn L. Daniels (Signature)
September 27, 2005 (Date)

Attn: David R. Saliwanchik

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/889,940	09/24/2001	Stephen George Edward Burker	GJE-75	4604

TITLE OF INVENTION: PROTECTIVE COVER FOR INJURED LIMBS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	12/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MATHEW, FENN C	3764	602-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>Saliwanchik, Lloyd</u> <u>& Saliwanchik</u> 2. _____ 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ark Therapeutics, Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

United Kingdom 01 FC:1501 1400.00 DA
02 FC:8001 6.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
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<input checked="" type="checkbox"/> Advance Order - # of Copies 2	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0065 (enclose an extra copy of this form).

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Authorized Signature David Saliwanchik

Date September 27, 2005

Typed or printed name David R. Saliwanchik

Registration No. 31,794

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